FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI

COMPLAINT

JACKSON
(Last Name) (Identification Number)

EPHRIAM
(First Name) (Middle Name)

MADISON ~~HINDS~~ COUNTY DETENTION FACILITY
(Institution)

2935 Hwy 51 Canton, MS 39046
(Address)

(Enter above the full name of the plaintiff, prisoner and address of plaintiff in this action)

SOUTHERN DISTRICT OF MISSISSIPPI
FILED
JUL 19 2016
ARTHUR JOHNSTON
BY ______ DEPUTY

V. CIVIL ACTION NUMBER: 3:16cv564-HTW-LRA
(to be completed by the Court)

HINDS County SHERIFF DEPT.

MADISON County SHERIFF DEPT.

______

______

(Enter the full name of the defendant(s) in this action)

GENERAL INFORMATION

A. At the time of the incident complained of in this complaint, were you incarcerated?
Yes (✓) No ( )

B. Are you presently incarcerated?
Yes (✓) No ( )

C. At the time of the incident complained of in this complaint, were you incarcerated because you had been convicted of a crime?
Yes ( ) No (✓)

D. Are you presently incarcerated for a parole or probation violation?
Yes ( ) No (✓)

E. At the time of the incident complained of in this complaint, were you an inmate of the Mississippi Department of Corrections (MDOC)?
Yes ( ) No (✓)

F. Are you currently an inmate of the Mississippi Department of Corrections (MDOC)?
Yes ( ) No (✓)

PARTIES

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank.)

I. Name of plaintiff: EPHRIAM T. JACKSON Prisoner Number: 970004080Z

Address: 1858 North wood Cir JacksoN, ms 39213

(In item II below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions and places of employment of any additional defendants.)

II. Defendant: HINDS County SHERiff DEpt. is employed as ______ at ______

MADISON County SHERIff DEPT.

The plaintiff is responsible for providing his/her address and in the event of a change of address, the new address of plaintiff as well as the name(s) and address(es) of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

PLAINTIFF:

NAME:	ADDRESS:
EPHRiAm T. Jackson	1858 Northwood cir JAckson, ms 39213

DEFENDANT(S):

NAME:	ADDRESS:
HINDS County Sheriff DEpt	1450 County farm Rd Raymond, ms 39154
MADison County Sheriff DEpt	2935 Hwy 51 CAnton, MS 39046

OTHER LAWSUITS FILED BY PLAINTIFF

NOTICE AND WARNING

The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.

A. Have you ever filed any lawsuits in a court of the United States? Yes ( ) No (✓)

B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse of this page or additional sheets of paper.)

CASE NUMBER 1.

1. Parties to the action:____________________

2. Court (if federal court, name the district; if state court, name the county):________

3. Docket Number:____________________

4. Name of judge to whom case was assigned:____________________

5. Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?)____________________

CASE NUMBER 2.

1. Parties to the action:____________________

2. Court (if federal court, name the district; if state court, name the county):________

3. Docket Number:____________________

4. Name of judge to whom case was assigned:____________________

5. Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?)____________________

STATEMENT OF CLAIM

III. State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also, include the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. (Use as much space as you need; attach extra sheet(s) if necessary).

HINDS County IS violating SECtion 29 AND 30 of my MISSISSIPPI Constitutional Right AND I've BEEN INcarcerated over Six(6) month with no Indictment. AND DUE PROCESS AND IS IN VIOLATION OF URCCCP 1.05

MADISON County is violating SECtion 29 AND 30 of my Mississippi Constitutional Right AND Discrimination

RELIEF

IV. State what relief you seek from the court. Make no legal arguments. Cite no cases or statutes.

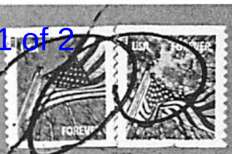
FOR charges to be Dismiss OR $250,000 FOR VIOLATION OF CONSTITUTION RIGHTS

Signed this 7 day of JULY, 2016.

I declare (or certify, verify or state) under penalty of perjury that the foregoing is true and correct.

Ephriam T. Jackson
Signature of plaintiff

Ephram J. Jackson 0000070124
2935 HIGHWAY 51 [illegible] 822
CANTON, MS 39046



CLERK, U.S. DISTRICT COURT
Southern DISTRICT OF MISSISSIPPI
501 E. COURT STREET, SUITE 2.500
JACKSON, MISSISSIPPI 39201

RECEIVED
JUL 19 2016
Clerk, U.S. District Court
Southern District of Miss.

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF MISSISSIPPI

NOTICE OF ASSIGNMENT

Case filed: **July 19, 2016**

Your case against **Hinds County Sheriff's Dept. and Madison County Sheriff's Dept.**

has been assigned Civil Action No. **3:16-cv-**564-HTW-LRA and has been referred

to the following District Judge and Magistrate Judge:

District Judge

- ☐ Louis Guirola, Jr.
- ☐ Daniel P. Jordan, III
- ☐ Sul Ozerden
- ☐ Carlton W. Reeves
- ☐ Keith Starrett
- ☒ Henry T. Wingate
- ☐ William H. Barbour, Jr. (Senior Judge)
- ☐ David Bramlette, III (Senior Judge)
- ☐ Tom S. Lee (Senior Judge)

Magistrate Judge

- ☒ Linda R. Anderson
- ☐ F. Keith Ball
- ☐ John C. Gargiulo
- ☐ Michael T. Parker
- ☐ Robert H . Walker

Division

Clerk's Office, **Northern Division**
501 E. Court Street, Suite 2.500
Jackson, Mississippi 39201

It is your responsibility to see that all pleadings and correspondence filed with this Court regarding this case contain the civil action number and judge designations.

If you wish to have a stamped filed copy of any pleading or document filed in this case returned to you, you will need to send an extra copy of the document along with a stamped self-addressed envelope. If you do not send an extra copy of the documents and a stamped self-addressed envelope, this Court will be unable to return a copy to you.

NOTICE FOR CHANGE OF ADDRESS: When there is a change of address for the plaintiff, the plaintiff must notify this Court in writing in a separate document with the following specific information: (1) state the civil action number of the case; (2) state that the plaintiff is requesting this Court to change his address of record; (3) state the new address of the plaintiff and (4) if applicable, state the prisoner number of the plaintiff.

The failure to advise this Court of a change of address or failure to comply with any order of this Court will be deemed as a purposeful delay and contumacious act by the plaintiff and may result in the dismissal of your case.